

Disorder (PD) hub, and 3 (5%) were open to other mental health teams including eating disorders team, Attention Deficit Hyperactivity Disorder (ADHD), Addiction Services and Criminal Justice & Liaison Team (CJLT).

Conclusion. There was no engagement with completing the BPD admission checklist. 40% of ST doctors reported on a separate survey that they cannot locate the Checklist on patient information system.

Admission decisions made during NWH have led to significantly more informal admissions compared with during OOH where the MHA was more likely to be used.

An action plan was designed to improve engagement with the admission checklist:

- Introductory training was provided to CRHT, approved mental health professionals (AMHPs), MHA second opinion doctors and psychiatry ST doctors.
- Inpatient teams were asked to complete the checklist.
- Bed Management to request an updated completed PD admission Checklist prior to admission.
- Re-auditing in 6 months.

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An Audit to Assess Nicotine Management on a Mental Health Rehabilitation Unit in Mersey Care NHS Foundation Trust

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Aims. Research has found that having a mental health condition is associated with smoking, and difficulties remaining abstinent. It is also evidenced that there is desire to reduce the amount smoked and cease smoking altogether by those with mental health conditions. Smoking can also affect some medications used to treat mental health conditions.

To assess nicotine replacement management in inpatients at Rathbone Rehabilitation Centre (RRC) against Mersey Care NHS foundation Trust (MCFT) Nicotine Management Guidelines (SA20).

Methods. Data of all discharged patients from RRC over a 12-month period was collected following a standardised process and assessed for 6 parameters.

A total of 51 discharges were identified and the whole sample of 51 patients were audited.

Results. 47 (92%) were asked and recorded of their smoking status and 4 (8%) were not at the point of first contact on patient electronic records (Rio).

Of the 28 smokers who were identified on admission, 26 (93%) were offered support to stop smoking at that point. 3 other patients started smoking during admission.

Of the 31 patients who were identified as smokers (including 3 who began smoking during admission), 24 (77%) were offered support to stop smoking at regular intervals throughout their admission and 7(23%) were not.

Of the 28 smokers who did not wish to permanently stop smoking, there was documented evidence that 20 (71%) of these individuals were offered nicotine replacement treatment

(NRT) in some form to manage temporary abstinence from smoking.

5 out of 31 smokers were referred to a Nicotine Dependence Treatment Advisor for counselling and support during their inpatient stay.

Conclusion. Below action plan was designed to improve compliance with MCFT Nicotine Management Guidelines (SA20):

Audit leads to communicate with every team member at RRC (Team meetings and emails) to remind them of the following:

- To offer smokers support to stop smoking at regular intervals and document on Rio; via named nurse sessions or opportunistically.
- To offer NRT where appropriate and document on Rio if accepted or declined during MDT reviews/named nurse session.
- Ensure Physical Health Nursing Proforma is always completed on Rio, and if the service user is a smoker, to ensure referral status (referred/declined) to Nicotine management team is documented.
- Increase awareness of referral pathway by putting up posters in relevant clinical areas.

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Monitoring of Antipsychotics in CAMHS Intellectual Disability Service in Lancashire and South Cumbria NHS Foundation Trust

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Aims. To ascertain the service performance against the standards set by National Institute for Clinical Excellence (NICE) guidelines on physical health monitoring of children and adolescents prescribed antipsychotics.

Methods. Initial audit: April–June 2021.

Re-audit: January–February 2024.

Registered with the Lancashire and South Cumbria NHS Foundation Trust audit department. An audit tool was developed by the investigators. The investigators carried out a review of patient electronic records and clinical letters to gather information pertaining to initiation of antipsychotics and physical health monitoring.

Results. Amongst other variables in this trust-wide audit, we considered age, ethnic background, reason of initiation of antipsychotic, comorbid conditions among which most common is epilepsy, dose of antipsychotic used and distributions across various CCGs. Were they regularly reviewed by medic reviews and side effects monitored? We also looked at choice of antipsychotic used, which was largely aripiprazole and risperidone. Were antipsychotic bloods done or not and were we able to complete children's height and weight measurements whilst they were on antipsychotics? It was important that these are documented as being considered or 'offered' even if could not be successfully completed due to e.g. challenging behaviour from the child. Detailed and comparative results can be shown in final submission along with charts.

Conclusion. The recommendations from initial audit were compared with the second audit, and whilst some of them were completed such as incorporating growth chart in the electronic records system, some ongoing challenges were identified. Positive and negative findings were both noted although the final conclusions lies in favour of good changes been made to service including the caseload becoming more ID specific in this age group.

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If at First You Don't Succeed, Try, Try Again? Antipsychotic Trials and Clozapine Provision in Glasgow's Esteem (Early Intervention in Psychosis) Service

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Aims. To support evidence gathering for Esteem's RCPsych Early Intervention in Psychosis (EIP) network accreditation efforts, an audit was conducted to investigate compliance with EIPN's quality standards (QS) no. 33 and no. 36.

EIPN QS 33 = patients with first episode psychosis (FEP) are offered antipsychotic medication.

EIPN QS 36 = If the patient's illness does not respond to an adequate trial of two different antipsychotic medicines given sequentially, they are offered clozapine.

EIPN QS 36 is also specifically included in RCPsych's National Clinical Audit of Psychosis (NCAP) (listed as standard 4), but a more pragmatic definition is used, to factor in the issue of antipsychotic intolerance.

NCAP Standard 4 = People with FEP who have not responded adequately to or tolerated treatment with at least two antipsychotic drugs should be offered clozapine (NICE QS80).

This broader standard definition was used for this audit, to allow for results comparison with national data.

Methods. For EIPN QS 33, all patients on North East Esteem caseload (any primary diagnoses) for at least 6 months on 01/04/2023 were included.

For EIPN QS 36/NCAP Standard 4, the same inclusion criteria were used but refined to FEP cases only.

The electronic clinical records (EMIS) of such cases were reviewed manually by an ST5 and CT3 psychiatrist. Data on prescription history was collected then analysed in Microsoft Excel.

Results. EIPN QS 33: 58 patients with any primary diagnosis were initially identified as being on NE Esteem caseload > 6 months as of 01/04/23. 58 (100%) patients were offered antipsychotic medication · 1 (2%) patient was prescribed an antipsychotic but never took it · 21 (36%) patients were only ever prescribed one antipsychotic · 17 (29%) patients were prescribed two antipsychotics sequentially trialled · 11 (19%) patients were prescribed three antipsychotics sequentially trialled · The remainder, 8 (14%) patients, had four or more antipsychotics sequentially prescribed (with the maximum number of trials being eight).

EIPN QS 36 / NCAP Standard 4: 55 patients with FEP diagnosis were initially identified as being on NE Esteem caseload > 6 months as of 01/04/23. 16 (29%) of these patients had at least three or more trials of antipsychotic medication, i.e. patients eligible for clozapine. However, only 5 (31%) of these 16 patients

had either been prescribed clozapine (3 patients, 19%) or offered/trialled clozapine (2 patients, 13%). This 31% figure compares with 85% in Wales, 52% in England, and 50% in Ireland (NCAP 2021–22).

Conclusion. EIPN QS 33: The standard that patients with first episode psychosis are offered antipsychotic medication was fully met. About a third of patients required only one antipsychotic trial. Less than a third required two antipsychotic trials. One in five required three antipsychotic trials, and approximately one in seven patients required more than three antipsychotic trials.

EIPN QS 36/NCAP Standard 4: The number of eligible patients being offered or prescribed clozapine for first episode psychosis under care of NE Esteem falls well below NCAP averages for Wales, England and Ireland.

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Audit of the Use of Outcome Measures Within Child and Adolescent Mental Health Outpatient Services in Rotherham, Doncaster and South Humber NHS Foundation Trust

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Aims. Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) has 28 Promises as part of its Strategy.

Promise 16 is to: *Focus on collating, assessing and comparing the outcomes that our services deliver, which matter to local people, and investing in improving those outcomes year on year.*

This audit in November 2023 looked at the practice of using outcome measures for CAMHS patients in order to highlight areas of development for the service to work toward achieving the promise.

Methods. We wanted to understand if young people were having outcome measures completed and if so, when, what and how often. We achieved this by using a dip sample of five patients each across the three different localities (Rotherham, Doncaster and Scunthorpe).

A report was generated to include all patients discharged from CAMHS in the preceding three months to September 2023. Young people who had been with the service less than six months were excluded from the audit. Five patients were chosen randomly from each locality and their electronic patient record on System One was studied.

Information in the patient records was compared against the audit standards and recorded in Excel so the data could be analysed.

Results. The results showed that 11 of 15 young people had an outcome measure completed at some point during their episode of care. All five young people in Scunthorpe had an outcome measure recorded in their clinical records however this tended to only happen at the very start, meaning there was no basis for comparison. Four out of five patients in Doncaster had outcome measures in the clinical record and these were undertaken throughout the episodes of care. In Rotherham, two of five young people had outcome measures recorded in the clinical records.